A SELECTED PUBLIC HEALTH BIBLIOGRAPHY WITH ANNOTATIONS

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Thought for the Month

When you talk you are only repeating what you already know. If you read or listen you may learn something new. Should you still wish to talk, however, you will find each audience with a member eager to argue. Your first impulse is to silence him, but think carefully before doing so. He may be the only one listening. —Source Unknown

Medicine in newly developing countries faces problems similar to those found in the underdeveloped areas of advanced nations. When solutions are found, they may be tested in both types of environments.

CHAPMAN, J. S.* (5323 Harry Hines Blvd., Dallas, Tex.). Problems of Medicine in Developing Countries. Arch. Environ. Health 18: 828-831 (Nov.), 1968.

Illness is often preceded by a period of psychological disturbance. Designated the giving-up-given-up complex, it makes the individual feel unable to cope, and there is a consequent activation of neurally regulated biological emergency patterns. This complex may reduce the organism's ability to deal with abnormal processes, and it may be a contributing factor to the development of disease.

ENGEL, G. L.* (Strong Memorial Hospital, Rochester, N. Y.). A Life Setting Conducive to Illness: The Giving-Up-Given-Up Complex. Ann. Int. Med. 69:293-300 (Aug.), 1968.

States are strong and resourceful enough to discharge their tasks in the pollution control phase of a national water resources program. They can integrate their activities with federal objectives to assure a sound national program. At the same time, they must keep their obligations to each other, to their cities and industries, as well as to the federal government.

KLASSEN, C. W. Fitting a State Program to Federal Objectives. J. Water Pollution Control Fed. 40:1702-1710 (Oct.), 1968.

If the health services administrators in large cities can learn from the stresses of educational decentralization in New York City, this paper may point to some lessons. This personal viewpoint of the president of the New School for Social Research in New York is that to respond strongly to local desires may kill the true function of education. May it also harm the effectiveness of health services?

EVERETT, J. R. The Decentralization Fiasco and Our Ghetto Schools: Viewpoint. Atlantic 222:71-73 (Dec.), 1968.

The high value we place on human life is what makes us civilized; yet lifesaving may be carried too far. There is no cure for death. On the other hand, we have endless and inspiring opportunities to help troubled people.

WILLIAMS, G.* (Dept. of Preventive Medicine, Tufts University School of Medicine, 55 Whiton Ave., Hingham, Mass. 02043). Needed: A New Strategy for Health Promotion. New England J. Med. 279:1031-1035 (Nov. 7), 1968.

Hunger, if it exists in the geographic areas which we serve, can bear strongly on morbidity and mortality. In this article, the Washington correspondent of the Atlantic roundly condemns all levels of government for hedging on this problem. Most local health officers ap-

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proached by a House Agriculture Committee, it is alleged, blamed hunger on laziness and ignorance. The complex political and emotional overtones of hunger make it difficult to stimulate society into action, although hunger lies well within most definitions of public health problems.

DREW, E. B. Going Hungry in America: Government's Failure. Atlantic 222:53-61 (Dec.), 1968.

More money and personnel will not end the chaos in our health care system. Drastic changes will come, and we can prepare for them now.

BROWN. H. J. Changes in the Delivery of Health Care. Am. J. Nursing 68:2362-2364 (Nov.), 1968.

Of discharged hospital patients whose subsequent deaths were not recorded in the hospital notes, about one-quarter were found of interest to the hospital physicians. Deaths following hospital discharge should be systematically notified to the clinician.

RANG, E. H.; ACHESON, E. D.* (Oxford Record Linkage Study, Oxford Regional Hospital Board, Headington, Oxford, England), and O'Connor, B. T. Clinical Significance of Deaths after Discharge from Hospital Unrecorded in the Hospital Notes. Lancet 2: 908-910 (Oct. 26), 1968.

Many successful steps in medicine are achieved simply, without hospital admission. Patients often get too many tests in hospitals. Nearly all periodic health exams have minute value, and many cause needless stress. Before the wide use of health tests, the advocate should complete a pilot study to show whether they are, in fact, beneficial. Surely we benefit more from remaining smokeless and thin.

TODD. J. W.* (Consultant Physician, Farnham Hospital, Surrey, England). Cost and Complexity of Medicine. Lancet 2:823-827 (Oct. 12), 1968.

During July 1966-June 1967, the average noninstitutional civilian made 4.3 visits to a physician. About 72 per cent of visits were to the physician's office; 64 per cent of all office visits were to general practitioners. One-third of the population saw no physician during the year. The average home visit costs $7.90, which might be compared usefully with current charges for home nursing visits. This report correlates the frequency of physician visits with many demographic characteristics.

WILDER, C. S. Volume of Physician Visits. National Center for Health Statistics, Ser. 10, No. 49, US Dept. of Health, Education, and Welfare (Nov.), 1968.

Large as it is, the federal outlay for health and medical activity represented less than 30 per cent of the total national expenditures for these purposes. The pluralistic, public-private approach that has been established should continue in the years ahead. This paper analyzes the current federal role in health and medical affairs, and stresses that decisions about the future will be based partly on the pattern of the present.

LEE, P. R.* (Office of the Secretary, Dept. of Health, Education, and Welfare, Washington, D. C. 20201). Role of the Federal Government in Health and Medical Affairs. New England J. Med. 279:1139-1147 (Nov. 21), 1968.

This paper is the most recent description of the University of Kentucky's efforts to have medical students learn community medicine in various locations in the community.

GLOOR, R. F. (Dept. of Community Medicine, Somerset Community College, Somerset, Ky.), and TAPP, J. W. The Medical Extension Agent. Arch. Environ. Health 18:832-835 (Nov.), 1968.

Four interdependent triads interact in comprehensive health planning: (1) systematic identification of health problems, and determination of goals in light of these problems; (2) rational choices in allocating and using resources; (3) consideration and possible modification of

the community constraints on health policies and programs; (4) application of the knowledge and processes of planning so as to integrate the other concepts. The application of only one of these elements is not comprehensive planning.

HILLEBOE, H. F.* (Columbia University School of Public Health and Administrative Medicine, 600 West 168 St., New York 10032), and SCHAEFER, M. Comprehensive Health Planning: Conceptual and Political Elements. Medical Times 96:1072-1080 (Nov.), 1968.

We can surmount the problems of educating students to give comprehensive community care. Perhaps teachers who think they know all the answers are the greatest deterrent to the students learning about how to be agents of change.

HAGGERTY, R. J.* (Dept. of Pediatrics, University of Rochester Medical School, 260 Crittenden Blvd., Rochester, N. Y. 14620). Problems of Teaching Comprehensive Community Care. Am. J. Dis. Child. 116:509-516 (Nov.), 1968.

We must use every conceivable resource to train health manpower. Community hospitals form an asset that has large potential. To help alleviate shortages, these hospitals should combine educational programs with both patient care and research on the delivery of health care.

ROSINSKI, E. F.* (Dept. of Health Education Research, University of Connecticut Health Center, Hartford, Conn. 06105). The Community Hospital as a Center for Training and Education. J.A.M.A. 206:1955-1956 (Nov. 25), 1968.

Home health aides give personal care to, and perform related housekeeping services in the homes of ill persons who have no family member to take this responsibility. They form one facet of the medically directed health care plan for patients at home.

Home Health Aide Services. Nursing Outlook 16:60 (Nov.), 1968.

The status of men nurses in Britain has improved considerably. Further improvements in this conservative profession are needed, however, to tempt the really bright young men in Britain.

BOORER, D. J. Men Nurses in Britain. Nursing Outlook 16:24-26 (Nov.), 1968.

We may claim wrongly that the warmth and humanity of nursing's past is incompatible with the scientific professionalism of nursing's future. Have the sociologists, who are so busily studying role problems, intensified them by describing a dichotomy in nursing that does not exist?

SCHMITT, M. H. Role Conflict in Nursing. Am. J. Nursing 68:2348-2350 (Nov.), 1968.

Our democratic society may have an unjustifiable bias against training women for medical careers, suggests this paper. A questionnaire survey of women graduates showed that 91 per cent of respondents were currently in active practice. However, the investigators do not raise the possibility that those who failed to reply may have been less active than were the respondents.

SHAPIRO, C. S.* (Surgical Resident, Georgetown University Medical Center, Washington, D. C.), et al. Careers of Women Physicians: A Survey of Women Graduates from Seven Medical Schools, 1945-1951. J. M. Educ. 43: 1033-1040 (Oct.), 1968.

In 1967 Canadian medical school acceptances included 27 per cent whose qualifications were questionable. As medical schools expand in Canada, they may have more difficulty in attracting well-qualified applicants. This study does not assess, however, whether "poorly qualified" medical students turn out to be good—or bad—phyicians.

NELSON-JONES, R.* (Association of Canadian Medical Colleges, 151 Slater St., Ottawa, Ontario, Canada), and FISH, D. G. Canadian Applicants to Canadian Medical Schools for 1967-1968. Canad. M. A. J. 99:654-660 (Oct. 5), 1968.

Considering the racial composition of Maryland, relatively few of its Negroes prepare for medicine, dentistry, and nursing. Moreover, the Negro students perform poorly, partly because of their weak elementary and secondary education. Inadequate information about existing opportunities and the persistence of racial discrimination further contribute to the observed disparity. The health professions, suggests this paper, have not searched as aggressively for Negro talent as have some other industries. Have we similarly neglected the talent of lower income whites? It would be scientifically and politically helpful to have this question answered as well.

HANES, M. A.* (National Medical Association, Washington, D. C.), and DATES, V. H. Educational Opportunities in the Health Professions for Negroes in the State of Maryland. J. M. Educ. 43:1075-1082 (Oct.), 1968.

For too many years, concludes this paper, the Association of American Medical Colleges and its member institutions have failed to take the lead in continuing education. The teaching efforts of the Albany Regional Medical Program may shame other medical schools into action. The Albany program might do so even more effectively if it also showed that patient-care truly improved. This step seems essential if Regional Medical Programs are to help patients as well as health professionals.

WOOLSEY, F. M., JR.* (Dept. of Postgraduate Medicine, Albany Medical College, Albany, N. Y.). Initial Operation Activities of the Albany Regional Medical Program. J. M. Educ. 43:1041-1048 (Oct.), 1968.

Of 654 stroke patients admitted to hospital, 80 per cent were dead within two years. This paper correlates factors known on admission with the likelihood of survival.

LA TORRE, P. P., JR.* (Milwaukee General Hospital, Milwaukee, Wis.) and BOYLE, R. W. Prognosis for Survival After Stroke. Geriatrics 23:106-111 (Oct.), 1968.

While time-consuming to read, like most conference reviews, this mimeographed report covers much recent information about the management of stroke.

Report on the Second Conference on Implications of Stroke. I. KRONENBERG, editor. New York Academy of Sciences, Interdisciplinary Communications Program, 1000 Vermont Ave., N.W., Washington, D. C. 20005, 1968.

This publication contains brief and authoritative reviews which should improve the scientific basis for stroke programs in the community.

Medical Basis for Comprehensive Community Stroke Programs. N. O. BORHANI and J. S. MEYER, editors. Available without charge from Office of Communications and Public Information, Division of Regional Medical Programs, Health Services and Mental Health Administration, Bethesda, Md. 20014 (June), 1968.

We have no clear mandate to use a polyunsaturated fat diet in treating patients after myocardial infarction. If this reduces reinfarction at all, the reduction is small and can be uncovered only by large, controlled studies. Perhaps we were too optimistic to hope to change the course of chronic arterial disease once it has impaired myocardial function. Primary prevention may give more hope of success. Meanwhile, many people are trying to forget the whole problem of diets.

Leading Article: Unsaturated Fats and Coronary Heart-Disease. Lancet 2:901-902 (Oct. 26), 1968.

At a cost of $4 million, the National Diet-Heart Study in the United States reached its goal by showing that it was feasible to lower serum cholesterol in middle-aged men by some 10 to 15 per cent. The study to show whether this causes a worthwhile fall in incidence of heart disease will be much more expensive and prolonged. To suggest that dietary treatment will produce even par-

tial immunity from a coronary thrombosis is to go far beyond the present boundaries of established fact.

Editorial: Diet and Heart Disease. Canad. M. A. J. 99:963-965 (Nov. 16), 1968.

This report presents data on the amount of short-term disability caused by illness or injury among the civilian, noninstitutional population of the United States. It updates similar findings for two years before. During July 1965-June 1966, the average person had 15.6 days of restricted activity due to acute and chronic illness and injury; this includes 6.3 days spent in bed. Absence from work due to illness or injury averaged 5.8 days.

AHMED, P. Disability Days: United States—July 1965-June 1966. National Center for Health Statistics, Series 10, No. 47, US Dept. of Health, Education, and Welfare (Oct.), 1968.

During July, 1963-June, 1965, the prevalence of impairments among the civilian, noninstitutional population was about 5.4 million for vision, 8.5 million for hearing, and 1.3 million for speech. There were also an estimated 1.5 million cases of paralysis, of which stroke was the most common cause. Prevalence estimates have risen considerably since first collected for 1957-1958; much of the increase is artificial, however.

JACKSON, A. L. Prevalence of Selected Impairments. National Center for Health Statistics, Series 10, No. 48, US Dept. of Health, Education, and Welfare (Nov.), 1968.

Forty patients with rheumatoid arthritis were randomly assigned to treatment and control groups. The treatment group received comprehensive outpatient and home care; the control group received their usual, much less intensive care. An independent team evaluated changes in function and disease activity. A number of different measuring sticks showed more improvement in the treatment group.

KATZ, S.* (Dept. of Preventive Medicine, Case-Western Reserve University School of Medicine, 2073 Abington Road, Cleveland, Ohio 44106), et al. Comprehensive Outpatient Care in Rheumatoid Arthritis: A Controlled Study. J.A.M.A. 206:1249-1254 (Nov. 4), 1968.

The tissues take much less than the normal amount of glucose from the blood in both obese and diabetic persons. Hypoglycemic agents raise glucose uptake in diabetics only, however. In the obese, only weight reduction raised the uptake of glucose. These findings suggest that the block to peripheral glucose uptake in fat persons is different from that in diabetics, and that both blocks are reversible.

BUTTERFIELD, W. J. H.* (Dept. of Medicine, Guy's Hospital Medical School, London S.E.1, England), and WHICHELOW, M. J. Effect of Diet, Sulphonylureas, and Phenformin on Peripheral Glucose Uptake in Diabetes and Obesity. Lancet 2:785-788 (Oct. 12), 1968.

This paper compares the performance of four screening tests for PKU in newborn infants. Least efficient was the Phenistix test of urine, which passed between a quarter to a half of all children with the disease as normal; the false negatives are then only diagnosed after brain damage has occurred. The Guthrie test on blood was the most satisfactory; it is recommended for widespread use, provided the specimens can be processed and interpreted in a few, good laboratories. A positive test indicates the need for fuller investigation, preferably in one of the small number of centers that specialize in inborn errors of metabolism.

Medical Research Council Working Party on Phenylketonuria: Present Status of Different Mass Screening Procedures for Phenylketonuria. Brit. M. J. 4:7-13 (Oct. 5), 1968.

Screening tests can now detect many inborn errors of metabolism; patients can then be successfully treated by diets started in early infancy. The economic and ethical problems facing us are obvi-

ous; physicians alone should not be expected to solve them.

Leading Article: Screening Tests for Phenylketonuria. Brit. M. J. 4:4 (Oct. 5), 1968.

The case for treating PKU by diet seems reasonable, even though it has never been tested by controlled trial. More work is needed, however, to sort out the various types of enzyme disorder which raise the level of serum phenylalanine. Dietary treatment may cause harm in some instances. Moreover, prolonged overtreatment with abnormally low levels of serum phenylalanine may prevent normal intellectual development.

Leading Article: Dietary Treatment of Phenylketonuria. Brit. M. J. 4:135 (Oct. 19), 1968.

Children who received comprehensive care had fewer hospitalizations, fewer operations, more physician visits for health supervision, and fewer physician visits for illness, in comparison with children in a control group. This is a preliminary analysis of selected data obtained to evaluate the effectiveness of comprehensive pediatric care.

ALPERT, J. J.* (Harvard Medical School, Family Health Care Program, 83 Francis St., Boston 02115), et al. Effective Use of Comprehensive Pediatric Care. Am. J. Dis. Child. 116:529-533 (Nov.), 1968.

Contemporary notions about the organization of medical care seem to consist of strange mixtures of compassion, urgency, and irrationality, that are apparently uninfluenced by the experiences of other countries. In brief, however, medical care for children cannot be organized separately from medical care for adults. Both relate to problems of health and disease in the family and the community.

WHITE, K.* (Hopkins School of Hygiene, 615 N. Wolfe St., Baltimore, Md. 21205). Medical Care for Children. Am. J. Dis. Child. 116:458-467 (Nov.), 1968.

Mature babies delivered without anesthesia have a perinatal mortality lower than when general anesthesia is used but higher than when conduction anesthesia is given. Mothers and physicians need further education about the dangers of oversedation during childbirth. More anesthesiologists are needed to supply safe conduction anesthesia; unfortunately, they are not attracted to obstetric anesthesia.

Editorial: Obstetric Anesthesia and Perinatal Morbidity. New England J. Med. 279:941-942 (Oct. 24), 1968.

Most of us realize that patients who volunteer for a study will differ from nonvolunteers. We may be less clear, however, about what the differences will be. In this study, 168 mothers in a study of child care attitudes were asked to volunteer for additional studies. The 64 per cent who volunteered felt more able to reciprocate with the child and expressed less conventional childcare attitudes than mothers who failed to volunteer.

COHLER, B. J., et al. Childrearing Attitudes Among Mothers Volunteering and Revolunteering for a Psychological Study. Psychol. Rep. 23:603-612 (Oct.), 1968.

What kind of relationship between interviewer and respondent produces the best interview data? The authors conclude that both too much and too little social distance between the two will bias the results.

DOHRENWEND, B. P.* (Community Population Laboratory, School of Public Health and Administrative Medicine, Columbia University, 630 W. 168th St., New York 10032); COLOMBOTOS, J.; and DOHRENWEND, B. P. Social Distance and Interviewer Effects. Pub. Opinion Quart. 22:410-422 (Fall), 1968.

Contraceptive pills should certainly not be taken off the market. However, the author is convinced that these pills occasionally cause death, and that other techniques which do not kill are almost as effective in preventing conception. He thus believes it bad medical practice not

to recommend mechanical contraception to those who can use it.

LASAGNA, L. Caution on the Pill. Saturday Rev. 51:64-69 (Nov. 2), 1968.

The evidence is strong that large doses of LSD damage chromosomes and cause fetal deformities. The effect of small doses is uncertain. The damage may well be temporary, but we need much more research on the whole topic.

SMART, R. G.* (Alcoholism and Drug Addiction Research Foundation, 344 Bloor St. West, Toronto 4, Ontario, Canada), and BATEMAN, K. The Chromosomal and Teratogenic Effects of Lysergic Acid Diethylamide: A Review of the Current Literature. Canad. M. A. J. 99:805-810 (Oct. 26), 1968.

Various types of oral contraceptives differ significantly in the incidence of depression and loss of libido. The highest incidence occurred with strongly progestogenic compounds, especially those containing a small amount of estrogen; they cause the endometrium to raise its monoamine oxidase activity for most of the cycle. The lowest incidence was found with the strongly estrogenic sequential regimens which have weak monoamine oxidase activity for most of the cycle.

GRANT, E. C. G.* (Council for the Investigation of Fertility Control, 27-35 Mortimer St., London W.1, England), and PRYSE-DAVIES, J. Effect of Oral Contraceptives on Depressive Mood Changes and on Endometrial Monoamine Oxidase and Phosphatases. Brit. M. J. 3:777-780 (Sept. 28), 1968.

Thought on Parting

The values of science are those of the map-maker, not the map-user. An age which does not know where to go concentrates on the making of maps. Science is a tranquillizer against the effects of not knowing where to go. It would be silly to blame science for this and tragic to expect to get the whole answer from the map. A map is no substitute for a journey. —SIR GEOFFREY VICKERS

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